



TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 15-JAN-2017		TIME 00:24:00		2. ADDRESS OF OCCURRENCE 3348 W MONROE ST CHICAGO, IL 60624		3. LOCATION CODE 200		4. BEAT/OCCUR 1124		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO									
	6. POSITION 9161		7. LAST NAME COLLAZO		8. FIRST NAME ANGEL O		9. STAR NO. 4679		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE S		12. AGE 509		13. HT. 160					
SUBJECT INFORMATION	15. DATE OF APPT 28-JUL-2008		16. EMPLOYEE NO. [REDACTED]		17. UNIT & BEAT OF ASSIGNMENT 015 4316C		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	21. LAST NAME JOHNSON		22. FIRST NAME HERBERT		23. M.I.		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE BLK		26. D.O.B. 23-MAR-1982		27. HT. 602		28. WT. 140					
	29. ADDRESS 10 S KEDZIE AVE CHICAGO, IL 60624				30. TELEPHONE NO.		31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				35. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL															
REASON FOR USE OF FORCE (Check all that apply)	36. BY WHOM? ER PHYSICIAN				37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid															
	38. CHARGES PLACED				<input type="checkbox"/> DNA				39. CB NO 19423018				IR NO <input type="checkbox"/> DNA							
SUBJECT'S ACTIONS	40. PASSIVE RESISTER				ACTIVE RESISTER				ASSAULT: ASSAULT				ASSAULT: BATTERY				ASSAULT: DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____				FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____				IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____				ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER <u>OFDR. POINTED FIREARM AT PO</u> PERCEIVED AS _____			
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LRAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____				ELBOW STRIKE <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____				FIREARM <input checked="" type="checkbox"/> OTHER _____							
WEAPON DISCHARGE INCIDENT	41. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				RANK		STAR NO.		UNIT NO.		42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member											
	46. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER				47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				49. WEATHER CONDITIONS CLEAR									
	50. MAKE/MANUFACTURER GLOCK, INC.-AU-				51. MODEL 19		52. BARREL LENGTH 4.01		53. CALIBER/CAUGE 9 MM											
54. TASER DART ID NO.				55. WEAPON SERIAL NO. (Include Letters) TCK602				56. CHICAGO GUN REG. NO. R027783S				57. IL FIREARM OWNER ID. NO. 1610388937				58. HANDGUN CERTIFICATE NO.				
59. SPECIAL WEAPON CERTIFICATE NO.				60. PROPERTY INVENTORY NO.				61. TYPE OF AMMUNITION USED Department Issued				62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1				63. TOTAL NO. OF SHOTS MEMBER FIRED 4				
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER				65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				66. NO OF CARTRIDGES/SHOT SHELLS RELOADED 0				67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)								
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW				69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				70. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE				72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION				74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																
75. EVENT NO. 1701500273																				
76. R.D. NO. JA116493																				

CASE INFORMATION	77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			75. EVENT NO. 1701500273	
	78. ADDITIONAL INFORMATION OFDR. JOHNSON DURING A FOOT PURSUIT RETRIEVED A FIREARM FROM HIS WAISTBAND AREA AND POINTED IT AT PO COLLAZO. PO COLLAZO IN FEAR OF HIS LIFE DISCHARGED HIS FIREARM STRIKING OFDR. JOHNSON.				
SIGNATURES	79. REPORTING MEMBER (Print Name) COLLAZO, ANGEL O 15-JAN-2017 06:32:30		STAR/EMPLOYEE NO. 4679	SIGNATURE 	76. R.D. NO. JA116493
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
80. REVIEWING SUPERVISOR (Print Name) ESCALANTE, EDUARDO		STAR NO. 2295	SIGNATURE 	DATE REVIEWED TIME 15-JAN-2017 06:37:21	

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject in surgery at time of report.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U 17 – 03. While on patrol, Officer Collazo and his partner hear loud reports and are directed by a witness to a subject fleeing from the scene where (3) individuals were just shot. The officers pursue the subject. Officer Collazo was confronted by the armed assailant who pointed a handgun in his direction in a vacant lot area. Officer Collazo fired his weapon in response striking the offender. A Magnum Research Corp. .40 Caliber Semi Auto was recovered from the scene. IPRA investigators were on the scene of the investigation. The information available at the time of this report indicates that the officer's actions were in compliance with Department directives relative to use of force.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

☐ LOG NO. **1083687** OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

NAGODE, ALFRED J

86.

TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1 THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A INDEPENDENT POLICE REVIEW AUTHORITY, AND

B COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION

SIGNATURE

DATE COMPLETED TIME

15-JAN-2017 06:42:33